MARYLAND STATE DEPARTMENT OF HEALTH

03555

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joan (Middle) E (Last) Brown

4. DATE OF DEATH: (Month) 5 (Day) (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) S.

8. DATE OF BIRTH: July 30, 1949

9. AGE last birthday: 2 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): La Plata, Md

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Rufus C Hisley

14. MOTHER'S MAIDEN NAME: Julia Annie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Alex Brown, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Starvation — 3.52

933.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____

(c) Lost in woods in March 1952

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) La Plata (COUNTY) Chas (STATE) Md

TIME OF INJURY (Month) 3 (Day) 5 (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Caught clothing in tractor wheel

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[signature] M.D. — La Plata Md — 10-20-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10/22/52 — NAME OF CEMETERY OR CREMATORY St. Matthews — LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 10/22/52 — REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR — ADDRESS: Alex Brown, La Plata, Md

VS. A16A

RECEIVED
OCT 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02881

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HUGHESVILLE
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) SAVILLA (Last) CANTER

4. DATE OF DEATH (Month) MARCH (Day) 14 (Year) 1952

5. SEX FEMALE

6. COLOR OR RACE WHITE - U.S.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH MARCH 25, 1862

9. AGE last birthday 89 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME WILLIAM WOODBURN

14. MOTHER'S MAIDEN NAME MARY E. CHAPPELEAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —

16. SOCIAL SECURITY No. NONE

17. INFORMANT AND ADDRESS MRS. MARIE SIMMS (DAUGHTER) HUGHESVILLE, MARYLAND.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIO-SCLEROTIC HEART DISEASE (CARDIAC FAILURE)	5 YEARS
420.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	20 YEARS.
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from August, 1947, to March, 1952, that I last saw the deceased alive on March 14, 1952, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin (Degree or title), M.D. ADDRESS Hughesville, Md. DATE SIGNED 3/14/52.

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3-17-52 NAME OF CEMETERY OR CREMATORY Old Field LOCATION (City, town, or county) Hughesville Md (State)

DATE REC'D BY LOCAL REG. 3-17-52 REGISTRAR'S SIGNATURE M. L. Moore

24. FUNERAL DIRECTOR Hunt & Lyon Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
MAR 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02882

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 101

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Melvin (Last) Chase
4. DATE OF DEATH (Month) March (Day) 21 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 3, 1950
9. AGE last birthday 2 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Sidney Henson Jr.
14. MOTHER'S MAIDEN NAME Milo Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Milo Chase. Pisgah. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive Heart Failure	1 day
434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Hypertrophy	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Franklin Sasan M.D. (Degree or title) ADDRESS Indian Head, Md DATE SIGNED 3-21-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-24-52
NAME OF CEMETERY OR CREMATORY Smith Chapel
LOCATION (City, town, or county) Pisgah. (State) Md.

DATE REC'D BY LOCAL REG. 3/24/52
REGISTRAR'S SIGNATURE Mary Southerland
24. FUNERAL DIRECTOR Penny & Cofer - Mason Springs. Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
MAR 26 1952
BUREAU V. S.

02883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LA PLATA
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS PHYSICIANS' MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - DENTSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) GLOVER (Last) COOKSEY

4. DATE OF DEATH (Month) MARCH (Day) 26 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE-US
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JANUARY 18, 1873
9. AGE last birthday 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY STORE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JAMES C. COOKSEY
14. MOTHER'S MAIDEN NAME SUSIE E. CASH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS ELMER COOKSEY (SON): DENTSVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	10 days
420.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY SCLEROSIS (ANGINA PECTORIS)	1 1/2 YEARS
	(c) ARTERIO SCLEROTIC HEART DISEASE	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY, 1950, to MARCH 26, 1952, that I last saw the deceased alive on MARCH 26, 1952, and that death occurred at 11 45 P m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) ADDRESS Hughesville DATE SIGNED 3/27/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/29/52
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) (State) Newport, Md.

DATE REC'D BY LOCAL REG. 3/27/52
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt & Ryan, Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT

RECEIVED
MAR 28 19[illegible]
BUREAU W. S.

Items 13,14 FilmC140 4/1/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

012884

Reg. Dist. No. 100 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome MD | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welcome MD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Gaynor

4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1952

5. SEX: M | 6. COLOR OR RACE: C | 7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: about 1874 | 9. AGE last birthday: 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm | 11. BIRTHPLACE (State or foreign country): Charles Co | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Gaynor | 14. MOTHER'S MAIDEN NAME: Nenney Montgomery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: No | 17. INFORMANT AND ADDRESS: Charles Co Welfare. La Plata MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) Welcome, Md. | (COUNTY) Chas. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard Duke, M.D. acting Coroner | ADDRESS La Plata, Md. | DATE SIGNED 3/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3-22-52 | NAME OF CEMETERY OR CREMATORY Mt Hope | LOCATION (City, town, or county) Doncaster | (State) MD

DATE REC'D BY LOCAL REG. 3/22/52 | REGISTRAR'S SIGNATURE M. L. Myers | 24. FUNERAL DIRECTOR Hault & Ryon | ADDRESS Waldorf MD

3/25/52 Julia H. Casey

VS. A15

RECEIVED
MAR 27 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02885

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MRS. (Middle) BESSIE M. (Last) LYNCH

4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1952

5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH June 29, 1894 — 9. AGE last birthday 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY own home — 11. BIRTHPLACE (State or foreign country) Baltimore Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel H. Brackney — 14. MOTHER'S MAIDEN NAME Lila Jane Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Louise Lanham

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion - Acute — 3 hrs.

Antecedent cause(s) (b) Hypertensive - Arteriosclerotic Cardiovascular Disease — 3 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperthyroidism due to Toxic Adenoma of Thyroid — 1 yr.

19a. DATE OF OPERATION none. — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/18/52, 19..., to 3/13, 1952, that I last saw the deceased alive on 2-27, 1952, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE Warren Jarboe M.D. (Degree or title) — ADDRESS La Plata — DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE March 15 1952 — NAME OF CEMETERY OR CREMATORY Oklahoma — LOCATION (City, town, or county) Waldorf, Md. (State)

DATE REC'D BY LOCAL REG. 3-13-52 — REGISTRAR'S SIGNATURE M L Moore — 24. FUNERAL DIRECTOR Smith & Ryan Waldorf Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 110

RECEIVED
MAR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - PISGAH
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pisgah
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BERNARD (Middle) ERSEL (Last) PHILLIPS

4. DATE OF DEATH (Month) March (Day) 5 (Year) 1952

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH 8/25/1912

9. AGE Last birthday 39 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) BERKELEY SPRINGS W. VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ERSEL ELMER PHILLIPS

14. MOTHER'S MAIDEN NAME NETTIA PEARL MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) 42-45

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS EDWARD A. ECKENRODE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS

450 | Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MYORARDIAL DEGENERATION

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME (CITY OR TOWN) PISGAH (COUNTY) CHARLES (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased ~~alive~~ on 3-5-, 1952, and that death occurred at 7 00 p m., from the causes and on the date stated above.

SIGNATURE Wooddy M.D. (Degree or title) ADDRESS DATE SIGNED

Patrick F. Enright M.D. (Permission given for Signature By Medical Examiner Dr. Edelen) La Plata, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/8/52

NAME OF CEMETERY, OR CREMATORY Berkeley Springs

LOCATION (City, town, or county) West Virginia (State)

DATE REC'D BY LOCAL REG. 3/8/52

REGISTRAR'S SIGNATURE Julia H. Pasey

24. FUNERAL DIRECTOR Hunt & Ryan, Waldorf Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAR 13 1952
BUREAU

Item 8 Film-142 4/29/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 1/2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Virginia County: Fairfax

City or town: Springfield (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: X

3. (a) FULL NAME: Ernest B. Senne

3. (b) Social Security Number

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of ~~husband or~~ wife: Annie Laura Senne

6.(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): 7/24/1874

8. AGE: Years: ~~78~~ 77 Months: 8 Days: 9 If less than one day: ... hrs. ... min.

9. Birthplace: Richmond Hanover Virginia (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Henry Senne

13. Birthplace: Hanover, Virginia

14. Maiden name: Emeline [illegible]

15. Birthplace: Hanover, Virginia

16. Informant: [illegible]

Address: [illegible]

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 18, 1952 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: 3201 [illegible] Rd. N.E.

18. Funeral director: [illegible] Funeral [illegible]

Address: 14th & Harvard St. N.W. [illegible]

19. 3/15 1952 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 1952 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1952 to March 15 1952 and that I last saw him alive on March 15 1952

Immediate cause of death: Central Hemorrhage

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

221X

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo. E. Bicknell MD M. D. or other

Address: [illegible] Date signed: Mar 15 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-15-15M

RECEIVED
APR 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Goldman (Last) Smith
4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 28 1896
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Indian Head Powder factory
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JACK Smith
14. MOTHER'S MAIDEN NAME Narcis Swarford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 257-28-1161
17. INFORMANT AND ADDRESS Grover Smith Indian Head

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Skull fracture & shock

2.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of mandible & fractures both lower extremities

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Open ... (CITY OR TOWN) Indian Head (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 7 (Year) 52 (Hour) 12:15 AM m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Patient struck by car.

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓ Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓ suicide , homicide , undetermined .*

SIGNATURE Richard F. Daly (Degree or title) M.D. ADDRESS La Plata, Md. DATE SIGNED 3/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3-10-52
NAME OF CEMETERY OR CREMATORY Unity
LOCATION (City, town, or county) Madison, S.C. (State)
DATE REC'D BY LOCAL REG. 3-8-52
REGISTRAR'S SIGNATURE M. L. Mourne
24. FUNERAL DIRECTOR Hunt & Ryan Waldoy ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15A

RECEIVED
MAR 13 1952
BUREAU V. S.

COPY SENT TO ~~LOCAL~~ CHO REGISTRAR No.____ DATE 3/13/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02889

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury — LENGTH OF STAY (In this place) 9 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS None.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marbury Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (Last) Travers

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: 2-6-06 — 9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Indian Head Md — 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Richard Travers — 14. MOTHER'S MAIDEN NAME: Mary Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Wilson Day.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 hrs

Antecedent cause(s) (b) Hypertension Arterial — Indefinite

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14-51, 19..., to 3-14-52, 19..., that I last saw the deceased alive on 3-14-52 19..., and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE James S. Andrews (Degree or title) — ADDRESS Indian Head Md — DATE SIGNED 3-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: March 17, 1952 — NAME OF CEMETERY OR CREMATORY: Pleasant Home — LOCATION (City, town, or county) (State): Marbury, Md

DATE REC'D BY LOCAL REG. 3/18/52 — REGISTRAR'S SIGNATURE — FUNERAL DIRECTOR: Johnson & Jenkins — ADDRESS: 2103 Pa Ave NW

RECEIVED
MAR. 24
BUREAU V. S.

02890

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlotte Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JULIA (Middle) S. (Last) TURNER

4. DATE OF DEATH (Month) March (Day) 13 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 10, 1874
9. AGE last birthday 77 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alex Lyon
14. MOTHER'S MAIDEN NAME Julia Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Benjamin O. Turner, Charlotte Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral vascular accident	3 days
4200 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10 March, 1952, to 13 March 1952, that I last saw the deceased alive on 13 March, 1952, and that death occurred at 4:10 A m., from the causes and on the date stated above.

SIGNATURE S. B. Woodley (Degree or title) MD ADDRESS La Plata DATE SIGNED 13 March 52.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/16/52
NAME OF CEMETERY OR CREMATORY Trinity
LOCATION (City, town, or county) (State) Newport, Md.

DATE REC'D BY LOCAL REG. 3/13/52
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAR 17 1952
BUREAU V. S.

02891

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 102

1. PLACE OF DEATH:
County: Charles
City or town: Nanjemoy
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Nanjemoy
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Freeman Waters

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Married

6.(b) Name of husband or wife: Jamie M. Waters
6.(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Dec. 12 1876

8. AGE: Years 75 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Charles Co. Md. (Town, county, and state)

10. Usual occupation: Tilling - Fishing

11. Industry or business:

FATHER
12. Name: George Waters
13. Birthplace: Charles Co Md

MOTHER
14. Maiden name: Henritta Frazier
15. Birthplace: Charles Co Md

16. Informant: Janie Waters
Address: Nanjemoy Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch (month) (day) 1952 (year)
Cemetery or crematory: Mt. Hope
Location: Nr. Doncaster Md

18. Funeral director: Stanley Penny
Address: Mason Springs Md

19. Mch 20 (Date rec'd by registrar) 1952 D. O. Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1952 at 11 30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ? 1922 to Mch 1952
and that I last saw h... alive on Mch 13 1952

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: Arteriosclerosis	
Due to:	
Other conditions: 33/X	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell M.D. (M. D. or other)
Address: Marbury Md Date signed: Mch 1952

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 21 1952
BUREAU U. S.